Department of Health
Early Intervention Services

Performance Report

Performance Period April 2004-June 2004

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from April through June 2004.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.

- *Personnel:* Information on personnel, by island and statewide, is collected to determine whether there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for April to June 2004 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from April through June 2004 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

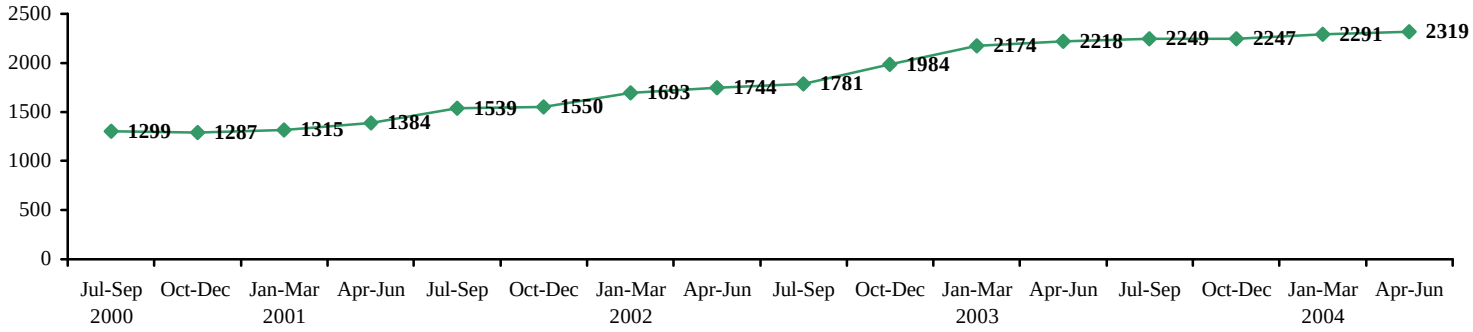
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
April 2004	2319	1606	269	278	127	33	6
May 2004	2286	1605	276	230	133	35	7
June 2004	2352	1620	267	271	150	37	7

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs, and Public Health Nurses.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since July 2000 are shown in Graph 1. Enrollment data for the April-June 2004 quarter averaged 2319 children, an increase from previous quarters.

Graph 1. EIS Quarterly Enrollment from July 2000 to June 2004



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for July 2000 - June 2001. From July 2001 more complete data were available from PHNB.

Child Find

Child find activities continue and, based on the increase in the number of infants and toddlers identified with developmental delays, are successful in informing new providers, pediatricians, and families about Hawaii's early intervention system and how to make a referral to the system. EIS participated in a variety of public awareness activities this quarter to inform the public about early intervention. Statewide parent/child fairs were held at Pearlridge Mall, Ward Warehouse, and Windward Mall on Oahu, the Maui Mall Shopping Center (Maui), Kanihau Center in Kailua-Kona on the island of Hawaii and Kukui Grove Shopping Center on Kauai. EIS again co-sponsored the Special Parent Information Network (SPIN) Conference and was represented at the Hawaii Families as Allies (HFAA) Conference. Having information on early intervention at local conferences increases attendees' awareness of early intervention. The EIS website was launched in May, which will greatly expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The website is still being

expanded and will have an automatic link to the H-KISS referral form to simplify referrals, as well as to provide other relevant information. In addition to child find activities, trainings to community preschool teachers and day care providers (discussed in the section on Training) also expand the knowledge of early intervention and the referral process to community providers.

"Read To Me International Foundation," a private, non-profit agency headquartered in Honolulu, continues to include information on early intervention in hospital birth packets. The Foundation, created in 1997, was a result of a partnership between the Governor's Council for Literacy and Lifelong Learning and the Rotary Club of Honolulu Sunrise. EIS is also having discussions with Maternal Child Health Branch (MCHB) to have the Healthy Start Early Identification Units distribute H-KISS brochures to families who are either ineligible for Healthy Start or do not choose to enroll in the program.

Healthy Start

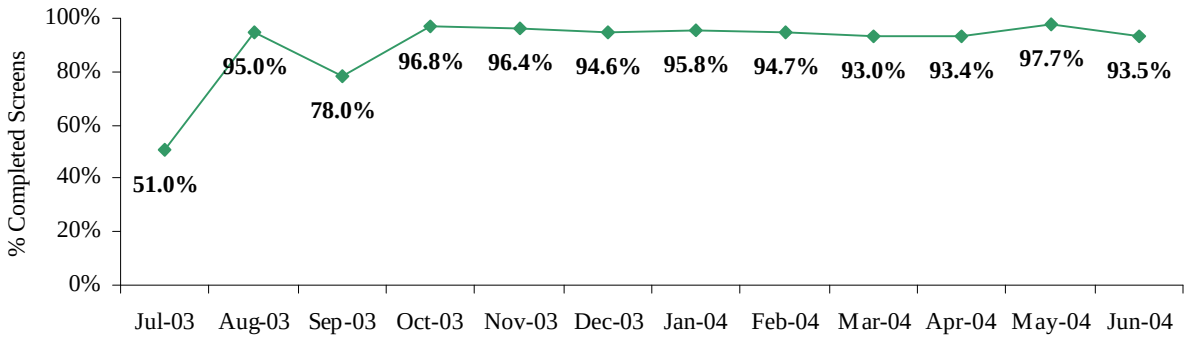
Birth rates for Hawaii in the fourth quarter are as follows:

Month	Births
April	1,164
May	1,279
June	1,235

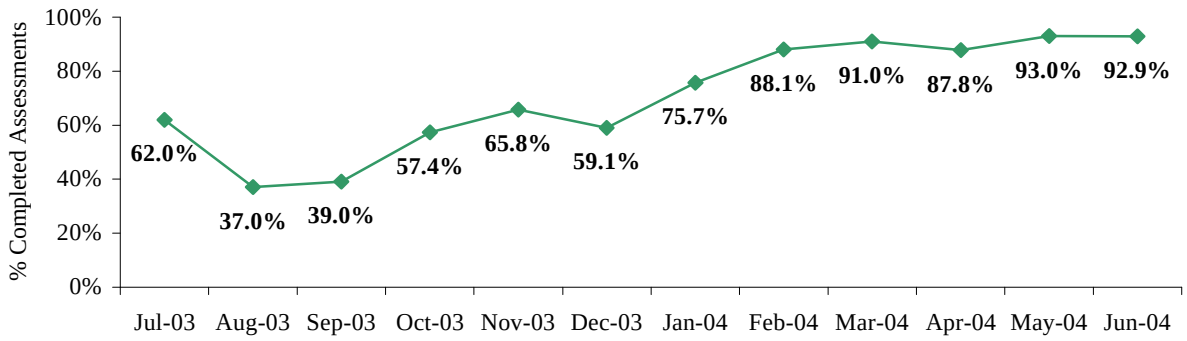
Screen, Assessment, and Accepted Referral Rates

With a change in Purchase of Service Provider (POSP) for the Early Identification (EID) component of Healthy Start on Oah'u, the quality assurance specialist instituted a continuous quality improvement plan. The result was improved screen rates (see Graph 2 below) and assessment rates (see Graph 3).

Graph 2. Oah'u EID Completed Screen Rate from July 2003 to June 2004.

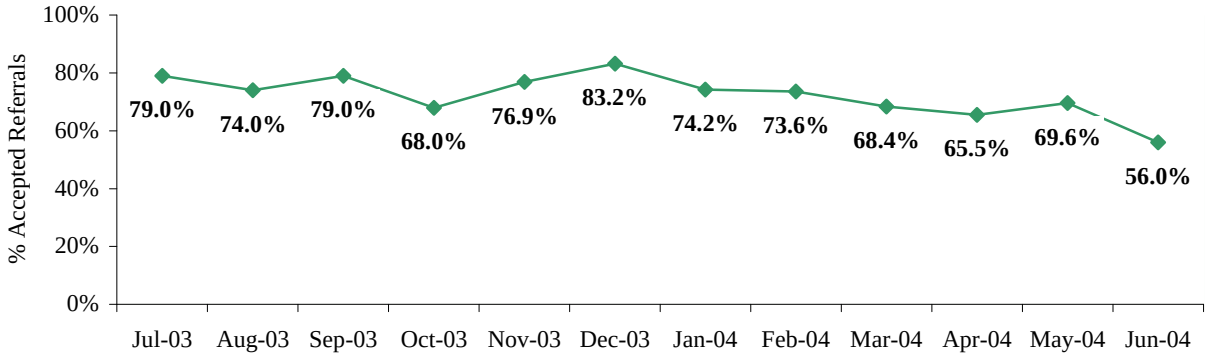


Graph 3. Oah'u EID Completed Assessment Rate from July 2003 to June 2004.



Referral rate for the Oah'u EID POSP averaged approximately 72% (see Graph 4 below) for FY 2004. Efforts to improve this rate will continue as accepted referrals directly impact monthly new enrollment data.

Graph 4. Oah'u EID Accepted Referral Rate from July 2003 to June 2004.



Monthly New Enrollment

Monthly new enrollment data (based in large part from EID POSP rates for accepted referrals) for infants and toddlers served by Healthy Start home visiting for April to June 2004 are shown in Table 2 below. A total of 498 infants and toddlers were newly enrolled during this quarter, a 14.9% decrease from the previous quarter, with Oah'u accounting for most of the decrease. New enrollment on the Big Island increased slightly and new enrollments on the rest of the neighbor islands were stable.

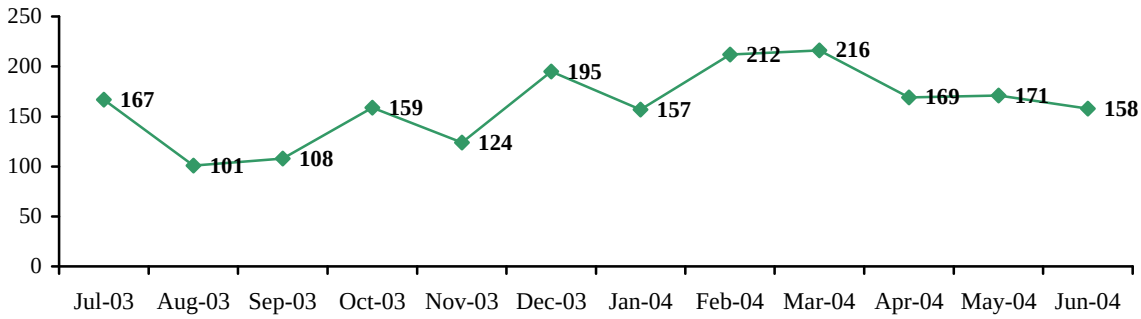
Table 2. Healthy Start New Enrollment Data from April -June 2004

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	169	114	16	12	22	5	0
May	171	129	12	12	14	8	2
June	158	165	17	10	18	6	0

* Does not include prenatal enrollments.

Looking at FY 2004 (see Graph 5 below), the transition to new Oah'u POSP in August and September is evident by the initial reduction in new enrollments; some families chose not to participate in the transition and there was a decrease in referrals from EID to home visiting programs. In addition, it appears that the third quarter had higher than normal new enrollments in February and March. There are two plausible explanations for this: (a) The Oah'u EID POSP was operating with full staffing (based on submitted monthly vacancy reports) for the only time during the fiscal year; and (b) procedural changes to meet Health Insurance Portability and Accountability Act (HIPAA) requirements have resulted in documentation of refusals only at the time of referral. As Healthy Start is a voluntary program, there will always be a certain percentage of refusals no matter what engagement strategies are employed.

Graph 5. Healthy Start New Monthly Enrollment from July 2003 to June 2004.



Monthly Active Enrollment

Monthly active enrollment numbers (families remaining in home visiting services) increased in April and May, with June remaining stable, as shown in Table 3 below:

Table 3. Healthy Start Active Enrollment Data for April to June 2004

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	2693	1808	315	209	184	107	70
May	2703	1810	307	212	195	112	67
June	2690	1814	293	212	194	109	68

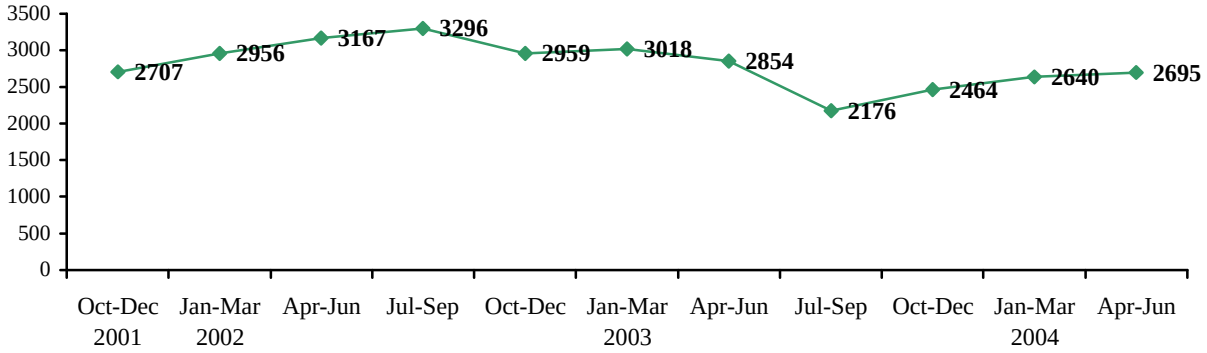
The most plausible explanation is that the newly implemented Quality Improvement System is producing results by increasing retention in home visiting services, particularly for the new POSP providers who have received considerable, focused technical assistance from the Healthy Start program office. This trend will continue to be monitored and will be analyzed when sufficient data have been collected.

Average Quarterly Enrollment

The average quarterly enrollment for April to June 2004 (Graph 6) increased approximately 2% from third quarter (Jan.-Mar. 2004) and 9% from the second quarter (Oct.-Dec. 2003). The Quality Improvement System continues to develop, implement,

and monitor strategies for program improvement in the areas of engagement and retention.

Graph 6. Healthy Start Average Quarterly Enrollment from October 2001 to June 2004



Service Gaps

The tables below provide information on service gaps for EIS, PHN, and Healthy Start for April-June 2004. Service gaps are divided into two types: full service gaps (Table 4) where no services were provided to the child, and partial service gaps (Table 5) where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

Table 4. Full Service Gaps by Month

Service Gap	April	May	June
Occupational Therapy	1 (Oahu)	2 (Maui)	2 (Maui)
Physical Therapy	1 (Oahu)	1 (Maui)	1 (Kauai) 7 (Maui)
Psychological Services	–	–	–
Special Instruction	1 (Oahu)	–	–
Speech Therapy	10 (Oahu) 1 (Hawaii)	5 (Oahu)	6 (Oahu) 1 (Hawaii) 5 (Maui)
Individual Behavioral Support Services	–	–	–
Home Visiting	–	–	–
Speech Evaluation	4 (Oahu)	–	–
Full Gap Total	**18**	**8**	**22**
Total Number of Children	**15**	**8**	**22**

Full service gaps decreased somewhat for the April-July quarter (48 full gaps) compared with the previous quarter (52 full gaps). The number of children impacted each month varied, decreasing from 15 in April to 8 in May, but increasing in June to 22 children. It

appears that the increase in June was due to an increase in gaps on Maui (from 0 in April to 3 in May and 15 in June) even though there was a decrease in gaps on Oahu (from 17 in April to 5 in May and 6 in June). To decrease gaps of children who receive care coordination from the EIS Care Coordination Unit, the care coordinators wait-listed the children with several agencies in order to access the first available provider. Families requesting home-based services were also encouraged to access services at the providers' locations until home-based services were available.

The section below provides more specific information about both full and partial gaps.

Partial Service Gaps

Table 5. Partial Service Gaps by Month

Service Gap	April	May	June
Occupational Therapy	–	2 (Oahu) 3 (Maui)	1 (Oahu) 18 (Maui)
Physical Therapy	1 (Oahu)	1 (Oahu) 1 (Maui)	1 (Oahu) 1 (Kauai) 7 (Maui)
Psychological Services	–	–	–
Special Instruction	–	–	–
Speech Therapy	23 (Oahu) 4 (Maui)	34 (Oahu) 12 (Maui)	26 (Oahu) 1 (Kauai) 1 (Maui)
Individual Behavioral Support Services	–	–	–
Home Visiting	–	–	–
Speech Evaluation	2 (Oahu)	1 (Oahu)	–
Comprehensive Developmental Evaluation	1 (Oahu) 1 (Hawaii)	4 (Oahu)	4 (Oahu)
Partial Gap Total	**32**	**58**	**60**
Total Number of Children	**32**	**57**	**58**

There was a total of 150 partial gaps during the April-June 2004 quarter which was an increase from the 73 partial gaps in the January-March quarter.

The number of children with service gaps increased in each month, from 32 in April to 57 in May to 58 in June. Data on Maui's partial gaps were similar to that reported in the section on full gaps, as the number of gaps increased from 4 in April to 16 in May to 26 in June. Gaps were due to both vacant positions because of staff turnover, and recruitment for additional staff – speech-language pathologists (SLP), occupational therapists (OT) and physical therapists (PT), because of an increase in children identified. Oahu gaps were constant, 27 in April to 38 in May and 32 in June, with the main area of need in speech therapy.

Actions to Reduce Gaps

Various actions are in place to lower the number of gaps within the next quarter. Lanakila Early Childhood Services Program (ECSP) hired a SLP in June and the Windward ECSP SLP also returned from family leave in June, which should impact service gaps in July for children served by these programs. The Early Childhood Services Unit Supervisor is in the process of combining several partial SLP positions (0.25 FTE at Leeward ECSP and 0.5 FTE at Windward ECSP) into a separate position to support Oahu ECSPs. Paperwork is being completed and will be submitted to revert the

vacant PT position at Wahiawa ECSP back to permanent status and hire above minimum so the position will be more attractive to potential applicants. The increase in gaps in Maui is due to staff turnover and the need for more therapists to serve eligible children on Maui. Recruitment is in progress to support the increase in gaps in Maui due to staff turnover and the need for more therapists to serve eligible children on Maui. Two new SLPs have been identified, with one starting in July and one in August; a new OT was hired who will start in June. Imua is also recruiting for an additional OT and 2 PTs. Gaps are expected to decrease by the end of next quarter.

Current purchase-of-service (POS) programs are submitting revised budgets to EIS for FY 2005. Due to staff turnover and the increased difficulty in hiring, it is expected that they will request salary increases so they are more competitive with hospitals and other private providers.

Two Requests for Proposals (RFP) were developed and disseminated to both reduce service gaps and provide more comprehensive services. One RFP was to develop three new POS early intervention programs for Oahu, in the Windward, Central, and Leeward areas. Currently Windward and Central Oahu have one state Early Childhood Service Program (ECSP) per area and neither has the capacity to serve all children in their geographical areas. The two Leeward programs (one state and one POS) also cannot meet the need of the continued growth in Leeward Oahu. The Summary and Recommendations have been distributed and negotiations are in process. When fully functioning, which is expected within this calendar year, the result of the three new programs will be fewer service gaps and more comprehensive services for eligible children and their families on Oahu.

The second RFP was to increase the number of fee-for-service providers, to fill gaps when state programs have staff vacancies and to support children who are provided care coordination by the EIS Care Coordination Unit but not enrolled in an early intervention program. Speech therapy continues to be a major area of concern (partial gaps averaged 27.6 per month for this quarter) due to the increase in the number of children in need of communication support. This increase includes children from Healthy Start programs who were evaluated and found to be in need of therapeutic services.

EIS continues to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the Individualized Family Support Plans (IFSP). While the majority of children enrolled in early intervention programs receive transdisciplinary services, this service option is not appropriate for some children. Service delivery decisions are based on the individual needs of each child and must be made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method continues to be provided to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (as compared to receiving services from fee-for-service providers) who had a partial service gap received other services, generally through a transdisciplinary model of service delivery, to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of June 2004, 40 of the 44 state social work positions that provide care coordination services, or 91%, were filled, surpassing the goal of 90%. A request to DOH Personnel was submitted mid-December 2003 to reallocate four established SW III positions at the DOH ECSPs to SW IV positions because of the number of children entering the programs with complex developmental issues. The reallocation was approved in April 2004. This is expected to impact recruitment and retention issues, as 2 of the 3 vacant Oahu positions are now SW IVs at ECSPs. The remaining vacant SW III position on Oahu is with the EIS Care Coordination Unit. The final vacant position is in North Hawaii. Due to hiring difficulties even as an exempt position, it was decided to return the North Hawaii position to permanent, with the option of hiring above minimum to make the position more attractive.

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide as of June 2004.

Table 6. Percentage EIS Social Work (SW) Positions Providing Care Coordination and Filled, by Island, as of June 2004.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	26	90%
Hawaii	7	6	86%
Maui	5	5	100%
Kauai	3	3	100%
Total	**44**	**40**	**91%**

Not included in the above table are the following 6 positions (5.0 FTE) that provide care coordination and are or will be funded through the POS contracts: 1) 0.5 FTE care coordinator position for Molokai's Ikaika program; 2) 0.5 FTE social work position for Salvation Army; 3) 1.0 FTE social worker for Imua on Maui; 4) 1.0 FTE for KMC Early Intervention Program (EIP); and, 5) 2.0 FTE social work positions for the newly funded Kapolei POS program on Oahu. Funds were included in the Ikaika (Molokai), Salvation Army and Kapolei programs as there are no designated DOH social work positions assigned to these programs. Funds were added to the Imua contract to support the increased number of children served. The only unfilled position was at Salvation Army. Funds are being added to the KMC EIP to support the hiring of their second social work position.

Goal: 90% of EIS direct service positions are filled.

The EIS has 43 direct service positions statewide (the previous four 0.5 FTE positions were combined back to two 1.0 FTE positions). These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood

Services Unit supervisor and program managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of June 2004, 39 of the 43 direct service positions, or 91%, were filled, surpassing the goal of 90%.

The following table provides information on direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of June 2004.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	37	34	92%	PT III – 1, PMA-II – 1, SLPIV – 1
Hawaii	6	5	83%	SLP III – 1
Total	**43**	**39**	**91%**	–

Note: PT = physical therapist; SLP = speech-language pathologist; PMA = paramedical assistant

The SLP IV position on Oahu was originally described to specialize in serving the speech needs of children with autism. However, as the SLPs at both public and private early intervention programs have developed more expertise in this area, EIS has decided to re-describe this position as a Psychologist Assistant IV. In reviewing the overall needs of EIS, it was determined that because of the increase in children referred for psychological support for both autism and other challenging behaviors, more support is needed. It was decided that the Psychological Assistant IV could provide the necessary follow-up and support to children receiving autism-specific services (via the privately contracted autism consultants and skills trainers) leaving the Psychologist VI positions for evaluations and follow-up with other children.

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. As noted in the section on Service Gaps, these contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of the enrolled children exceed the capacity of staff, as well as the EIS Care Coordination Unit children for which the majority are not served in early intervention programs. EIS continues to work with community providers to identify additional fee-for-service contractors to meet the needs of children and families. It is intended that these new fee-for-service providers will help fill the current gap as a result of the new RFP.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS has 53 administrative positions statewide. These positions include unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, the two Social Worker II positions who are responsible for H-KISS, the Social Worker IV on the island of Hawaii who supervises the seven Hawaii social workers, the unit supervisor and managers of the ECSPs, and the five Child & Youth Specialist IV positions who support quality assurance

activities statewide. At the end of June 2004, all 53 administrative positions, or 100%, were filled.

The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of June 2004.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	47	47	100%	–
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	**53**	**53**	**100%**	–

The EIS reorganization concept paper was approved this quarter and recruitment is in process for the following positions: a Public Health Administrative Officer (PHAO) to support budgetary and contractual responsibilities; 2 clerical staff to support the increased need of administrative support; 4 billing clerks to support the Early Intervention Carveout requirements; and a coordinator and clerk-typist for the Newborn Hearing Screening Program (NHSP). Because there were no internal applicants for the PHAO III position, it was decided to place an advertisement in the local papers to attract candidates with relevant experience. EIS will initiate recruitment for the other positions as soon as they are established. The responsibilities of the new staff are currently being handled with the support of the FHSD PHAOs, approved overtime compensation for some EIS staff, and the use of IDEA Part C funds to support the salary of the Newborn Hearing Screening Program Coordinator and Specialist for Hearing Impaired.

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data management, and contract management. There is also support staff in clerical, billing, and statistics. At the end of June 2004, one position (Children & Youth Specialist) was vacant; the process to fill this position has begun. The remaining 89% Healthy Start administrative positions are filled.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

The "weight" of a caseload is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitored" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is intended to ensure that the program social worker has the time to collaborate with the care coordinator to ensure that timelines are met, attend IFSP and other collaborative meetings, etc.

Social Workers' Weighted Caseloads

Table 9 provides information on the percentage of social workers, by island, that have a weighted caseload of no more than 1:45. Data are provided on the 44 filled positions, which includes the 40 filled DOH EIS social worker positions from Table 6 and the additional 4 filled POS positions funded via the POS contracts on Maui (1 position [1.0 FTE]), Molokai (1 position [.5 FTE]), and Oahu (Kapolei, 2 positions [2.0 FTE]). Of the 44 positions, only 18, or 41%, had weighted caseloads not more than 1:45, similar to the March data of 40% with a weighted caseload of no more than 1:45.

Table 9. Social Work Positions (DOH and POS) with Weighted Caseloads Not More than 45, by Island, as of June 2004.

Island	# Social Workers Providing Care Coordination as of June 2004	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	28	12	43%
Hawaii	6	4	67%
Maui & Lanai	6	2	40%
Kauai	3	0	0%
Molokai	1	0	0%
Total	**44**	**18**	**41%**

The low percentage with the appropriate caseload is due to various factors, including 5 vacant positions on Oahu (3 DOH positions, 1 position at KMC EIP, and one .5 position at Salvation Army), the increase in numbers served, and the increase in weights based on child/family needs.

Care coordination ratios increased on all islands as compared with March 2004 data (total was 2210). The increase was expected because of the continued increase in children served this quarter. Based on Table 10 below, all islands except Hawaii would have a ratio of over 1:45 even if all positions were filled.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload as of June 2004	Average Weighted Caseload (Projected)
Oahu	33	30.25	1630.50	53.9
Hawaii	7*	7.00	272.25	38.9
Maui & Lanai	6	5.25	306.00	58.3
Kauai	3	3.00	156.50	52.0
Molokai	1	0.50	40.00	80.0
Total	**50**	**46.00**	**2405.25**	**52.3**

* There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

In addition to the on-going concern on Oahu, Maui numbers have increased dramatically this quarter. Oahu average caseload, when positions are filled (53.9) was similar to last quarter (53.75), however Maui increased from 47.5 last quarter to 58.3 this quarter.

Actions to Support Care Coordination

To support the need for care coordinators, other early intervention staff (program managers and direct service staff) have assumed care coordination functions in addition

to their primary role. This can only be a short-term solution as it can result in more service gaps if the direct service providers must handle care coordination duties and lack of sufficient administration oversight.

More support is available for Oahu with the completed contract modification for Kapolei which provided funds to hire an additional social worker. Funds will be added to the KMC EIP contract so they too will have a second social worker. Social work/care coordination positions will also be included in the 3 new POS early intervention programs. If the weighted caseload remains at its current level of 1630, these three new positions would reduce the average to the goal of 1:45.

Weighted caseloads on Maui will be tracked monthly to see if the average for June continues and whether additional funds need to be added to the contract for an additional social worker/care coordinator position.

Because of the complexity of the families served in Molokai, the majority of the children and families served are considered "intense", which increases the time needed to work with the family and their "weight". Should this trend continue, EIS may also need to increase the contract to fund a 1.0 FTE position instead of a 0.5 FTE position.

Public health nurses (PHNs) also provide care coordination to infants and toddlers with special needs, specifically those with medical concerns. The December 2003 child count showed that the PHNs provided care coordination to 528 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB has increased over the past four years (based upon December 1 child counts for 2000-2003) from 494 to 528, an increase of 7%. In addition to the increase in number and percentage, there has also been an increase in the complexity of medical needs of the children, which results in more time needed for PHN care coordination. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for April-June 2004 impacted 861 early interventionists, public health nurses, community preschool staff, and family members. Seventy-seven were family members. In addition to the above, an EIS staff member was a panel member of a statewide conference "Early Childhood Comprehensive Systems Planning Grant," and provided information on mental health and socioemotional development to an additional 140 individuals.

A major focus of training this quarter was to complete the required 3-day EI training to as many EI providers as possible. Topics of this training include: IFSP issues, timeline requirements, service delivery options, natural environments, teaming, and transition. The following is a list of training topics and number of attendees during this quarter:

- **Early Intervention Awareness.** The following trainings were provided to a variety of community members about the early intervention system in Hawaii: 1) Training was provided to People Attentive to Children (PATCH) on H-KISS for

4 individuals. 2) Training was provided on EIS, including eligibility, accessing services, etc. to 5 individuals of the CARE Project, which provides medical care to children referred to the CPS system. 3) Training was provided to 25 staff from Keiki Steps, which conducts "play mornings" for Native Hawaiian communities statewide. They are a project of the Institute for Native Pacific Education and Culture (INPEACE).

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on IDEA Part C, Hawaii's implementation of IDEA, the family-centered philosophy, and communication skills with families. Ninety-three individuals from EIS, PHNB, and Healthy Start received this training.

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes IFSP development, care coordination and information on natural environments. A total of 69 individuals from EIS, PHNB, and Healthy Start attended this training.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. Seventy-one (71) individuals from EIS, PHNB, and Healthy Start attended this training.

- **Other Training on Transition.** The STEPS teams had two major activities this quarter. The 5th Annual STEPS Transition Conference impacted 80 early intervention providers, community providers, DOE staff and families. In addition, STEPS held school-based team training to 77 individuals.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 6 trainings on practical approaches to supporting children with challenging behaviors that impacted 115 preschool teachers and 17 other interested community members. Preschools represented included: the Kamaaina Kids Preschools (Oahu) (2 sessions); Montessori School of Hawaii (island of Hawaii); and Aha Punanaleo O Waianae (Hawaiian Immersion Preschool) on Oahu. The Coordinator also presented twice at the Oahu Preschool Directors' Conference (35 attendees).

- **Indicators of Child Abuse and Neglect.** Fifteen EIS and POS staff received this training.

- **Inclusion.** The Inclusion Project Coordinator collaborated with the Hilo TOTS (Transitioning Our Toddlers Successfully) Fair which impacted over 40 attendees, of which 15 were family members.

- **"Beyond Daddy Daycare: Recruitment, Retaining, and Supporting Men in Early Childhood Education".** Five attendees at the Preschool Directors Conference attended this breakout session.

- **Assistive Technology.** Staff from the EIS Keiki Tech Project provided training to eight individuals on how to make adapted toys and how to adapt books.

- **First Aid and CPR Training.** EIS providers are required to take both First Aid and CRP training. Ninety-eight (98) EIS staff took these 2 courses.

- **Other Trainings.** A statewide EIS Program Manager meeting was attended by 30 Program Managers and other EIS staff.

- **Conference Support.** EIS both co-sponsored and supported 74 individuals to attend the annual SPIN Conference. Of the 74 individuals, 62 were family members. The support included tuition for all attendees and travel support for neighbor island attendees. EIS also supported the Hearing Specialist to attend a national conference sponsored by the Association for the Deaf.

Healthy Start

As described earlier, EIS IDEA Part C orientation training (Day 1 - Part C and Hawaii's Requirements, Day 2 - IFSP and Care Coordination, Day 3 - Transition) for Healthy Start staff and POSP commenced in January and continues according to EIS timeframes and compliance activities. Healthy Start, along with its training contractor, placed its highest priority on this training for the Early Intervention system and worked closely with EIS to provide the training to all Healthy Start staff in a timely manner. As of June 2004, all Healthy Start staff have been trained and 50% of POSP have been trained, with the rest to be completed by September 2004.

This last quarter completed the focused Healthy Start priority for training new early identification and home visiting staff to support full service implementation. The training POSP provided the following training:

- **EID Scoring Refresher for Previously Trained Family Assessment Workers.** A daylong refresher training was offered to support and strengthen the Healthy Families America (HFA) standards over a three-day period (June 2-4, 2004). A total of twenty Early Identification staff participated.

- **Intensive Role Specific Training for Family Support Workers.** This four-day (June 14-17) training covered the core tasks and responsibilities of the family support worker, according to HFA standards, with a fifth day (June 18) covering the basic aspects of supervision. A total of six home visiting staff participated.

- **Additional Training for Healthy Start staff.** These trainings are co-facilitated with experts from the community and are focused on increased knowledge as well as improved skill attainment. This additional training is required within six months of hire and after the Intensive Role Specific training to more completely prepare staff to work with at-risk families in all areas of the program. Topics covered during this quarter included: Maternal and Child Health (nutrition, infant mental health, family planning), and Child Health and Safety.

- **Ongoing Training.** This essential program-specific training is required within twelve months of hire and each subsequent year of hire for all Healthy Start staff, including program directors. This training was provided by community and content experts, and focused on the latest research and best practice. Topics

covered during this quarter included: Mental Health Issues, Family Issues (including Engaging Fathers and Working with Teen Parents). This training was interspersed with the additional training schedule described above in May and June 2004.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance (QA) is that, through a variety of specific activities, the State is assured that 1) all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs; and 2) all services are provided in conformance with federal IDEA Part C and state requirements.

As reported in the Improvement Plan Final Report that was due to the Office of Special Education Programs (OSEP) July 1, 2004, EIS, as representing the lead agency (DOH) for all Part C eligible children, developed a 4 year cycle in which all EI Programs (EIS, PHNB, Healthy Start) would participate. The cycle includes:

1) on-site monitoring
2) focused monitoring
3) program self-assessment
4) child/family outcomes

Each cycle will also include a family feedback process, which may consist of surveys, focus groups, interviews, etc.

On-Site Monitoring

The first cycle, on-site monitoring, was completed. For the first time, all EI Programs that serve Part C eligible children were monitored on their compliance with Part C requirements. EIS and MCHB also monitored for contractual issues. The Part C monitoring focused on compliance with timelines (e.g., evaluation, IFSP, transition, etc.) and complete IFSPs, as these issues were raised by OSEP as part of their Part C monitoring of Hawaii's early intervention system. Other areas of concern included in the on-site monitoring were holding transition conferences for children exiting Part C and providing comprehensive developmental evaluations to all children referred to EI for a developmental delay or due to biological risk issues.

Several limitations in EIS monitoring impacted findings, including: (1) family reasons for not meeting timelines (e.g., child sick, family on vacation) were not removed from the data findings which resulted in a lower (and probably inaccurate) compliance rate; (2) EIS monitors did not receive sufficient training on the monitoring process which resulted in inconsistency by the monitors in their interpretation of the data; and (3) EIS, PHNB, MCHB monitored on the same components, but used different instruments to gather the same data and did not receive consistent training.

Strengths of the EIS system based on the monitoring results included holding transition conferences 3 months before age 3 or DOE eligibility, identifying services in the IFSP,

and including information on where services would be provided (with an explanation if services were not provided a home or community location). Areas of need included not meeting timelines for evaluation and IFSP and not having complete developmental information of all areas in the IFSP. As noted above, these needs were not unexpected due to the limitations described. In addition, the monitoring did not compare what was written in the IFSP with what had occurred through reviewing anecdotal notes as the emphasis was focused on the content of the IFSP.

Focused Monitoring

Because of the findings and limitations noted above, Year II focused monitoring will be developed at EIS with input from administration and program supervisors at EIS, PHNB, and MCHB/Healthy Start. Joint training will be developed and provided to all monitoring staff. It is expected that with more consistency across instruments and training, more valid and reliable data will be collected which will result in more accurate determinations of early intervention compliance.

Internal Reviews

Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's progress and to what extent the system supports the child and family. EIS will continue to fully participate in the internal review process and will include an early intervention child in all complex reviews. EIS intends to increase the number of children reviewed per complex when there are a sufficient number of trained reviewers. The only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. Summary reports for 2003-2004 school year will include a statewide summary, a summary of children receiving care coordination from PHNB, and a summary of children who did not pass the internal review process. It is expected that these more in-depth analyses can be used for program improvement.

Preliminary statewide results showed:

Strengths:

- All children had acceptable ratings on Overall Child Status, Emotional Well-Being and Caregiver Functioning and Satisfaction.
- 100% of parents report satisfaction in both Child status and Current System Performance.

Challenges:

- The main challenge continues to be collaboration (e.g., Effort Among Agencies, Coordination of Services) when multiple agencies are involved. This is especially true when the care coordinator is not part of the program providing EI services.

Internal reviews for the 2004-2005 school year will begin in October 2004. Training is planned for August 2004 for new reviewers.

The 5 Quality Assurance Specialists continue to expand their roles in the area of quality assurance. They participate in the Internal Review process, meet regularly with the staff of programs to which they are assigned, and support their programs in developing and implementing Improvement Plans to meet identified needs. They also collaborate with the DOE in meetings related to Internal Reviews and transition. Monthly statewide meetings are scheduled to ensure continuity and consistency throughout the State.

Attending the Program Manager meetings also supports their understanding of issues that impact all early intervention programs.

Healthy Start

Healthy Start staff have actively participated in developing the state's Early Intervention system to assure that all environmentally at-risk children age 0-3 years and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. As such, Healthy Start administrative staff engaged in on-site monitoring at the request of EIS in the third quarter 2004 according to the proposed Hawaii DOH Continuous Quality Improvement System (June 2004). The Quality Improvement Plan was submitted to the Office of Special Education (OSEP) with areas of improvement noted for Healthy Start. POSP have implemented specific Quality Improvement plans, as monitored by the Healthy Start Quality Assurance Specialist, with results reported quarterly to EIS.

In addition to quality assurance activities related to IDEA, Part C, Healthy Start is also primarily engaged in specific quality assurance activities related to program and contractual requirements (on-site monitoring) as well as quality improvement activities related to improved model efficacy (as fully outlined in the last report, January-March 2004). Current activities include:

- Responding to the latest research evaluation findings from Johns Hopkins University on father involvement and training issues related to increasing proper usage and utilization of developmental screens, enhancing understanding of the IFSP, and improved identification, monitoring, and documentation of environmental risk factors for decreased parental stress.
- Continuing development of a Quality Improvement System.
- Revision of the Level Movement System.
- Revision of the model Standards and Guidelines.

Funding

Early Intervention Section

A total of $7,694,737 in state funds (Table 11) was appropriated for FY 2003 and $8,064,737 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). A total of $8,704,521 was both appropriated and allocated for FY 2004. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2003			
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,199,260 [2]
Fiscal Year 2004			
1st quarter – July-Sept. 2003	5,110,381	5,110,381	5,273,077 [3]
2nd quarter – Oct.-Dec. 2003	1,382,500	6,492,881	6,572,738 [4]
3rd quarter – Jan.-Mar. 2004	1,105,000	7,597,881	8,137,074 [5]
4th quarter – Apr.-June 2004	1,106,640	8,704,521	9,299,582 [6]

[1] Source: Financial Accounting and Management Information System (FAMIS) report.
[2] Information as of 6/30/03, which was updated 7/29/03.
[3] Information as of 10/08/03.
[4] Information as of 1/20/04
[5] Information as of 4/28/04
[6] Information as of 7/1/04

In addition to state funds, EIS received federal Part C funds of $2,043,288 in FY03 to support the provision of early intervention services (Table 12). Federal Part C funds increased to $2,127,667 for FY04 and are expected to increase to $2,177,738 in the coming fiscal year.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal Year 2003			
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	241,176	2,043,288	2,043,288 [1]
Fiscal Year 2004			
1st quarter – July-Sept. 2003	1,029,505	1,029,505	665,674 [2]
2nd quarter – Oct.-Dec. 2003	384,000	1,413,505	1,023,325 [3]
3rd quarter – Jan.-Mar. 2004	387,500	1,801,005	1,428,830 [4]
4th quarter – Apr.-June 2004	325,662	2,127,667	1,609,103 [5]

[1] Information as of 10/13/03 from ASO
[2] Information as of 10/8/03 from FAMIS Report
[3] Information as of 1/16/04
[4] Information as of 4/28/04
[5] Information as of 7/1/04

Healthy Start

In FY 2003, a total of $21,689,277 in state funds was appropriated and $21,721,338 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases).

In FY 2004, a total of $19,217,620 in State and Tobacco funds were appropriated and allocated. The 2003 Legislature had reduced State funds $2.5 million due to the decreased need for POSP contract funds, and replaced $5,336,023 of State funds with Tobacco funds. During the fourth quarter of FY 2004, as a result of the initial performance of new POSP and the resulting lower than expected expenditures, $475,000 of state funds were transferred to EIS to support their deficit; this reduced the total Healthy Start state funds to $13,406,597 (see footnotes 5 and 6 below). The following table shows allocations and expenditures/encumbrances:

Table 13. Healthy Start Allocations and Expenditures/Encumbrances

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal year 2003 [4]			
1st quarter – Jul.-Sept. .2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [2]
4th quarter – Apr.-June 2003	88,115	21,721,338	17,235,920 [2]
Fiscal year 2004 [5]			
1st quarter – Jul.-Sept. 2003	18,882,063	18,882,063	14,153,717
2nd quarter – Oct.-Dec. 2003	161,188	19,043,251	15,750,399
3rd quarter – Jan.-Mar. 2004	87,185	19,130,436	17,015,316 [3]
4th quarter – Apr.-June 2004	(387,816) [6]	18,742,620	10,337,189 [3]

[1] Source: FAMIS report.
[2] POS contracts were adjusted due to lower expenditures.
[3] Information as of 05/31/04.
[4] State funds.
[5] State funds ($13,881,597) + Tobacco funds ($5,336,023).
[6] $475,000 was transferred to EIS in the fourth quarter of FY 2004, reducing State funds to $13,406,597.

Summary

Strengths in the early intervention system from April-June 2004 include:

- ⇨ Training on IDEA Part C regulations and Hawaii's State Plan was provided to the majority of early intervention providers to ensure that all Part C providers understand and implement P.L. 105-17 correctly. Training will be completed in September 2004 for the few remaining Healthy Start programs.
- ⇨ On-site monitoring was completed for all Part C early intervention programs, including EIS public and private programs, Healthy Start contracted programs and PHN sections.
- ⇨ Monitoring findings are being used to determine next steps in monitoring.

- ⇨ Next year's monitoring is in the planning process.
- ⇨ All EIS Quality Assurance positions are filled and are working closely with their assigned EI programs.
- ⇨ EIS met the goal of at least 90% filled for social work, direct service and administrative positions. For the first time, all administrative positions were filled.
- ⇨ The Summary and Findings for the RFP for the development of three new POS programs to serve infants and toddlers with developmental delays on Oahu was disseminated to all RFP respondents. The new programs are expected to be operational in Fall 2004.
- ⇨ The Summary and Findings for the RFP for the provision of comprehensive developmental evaluations is complete and should be operational in Fall 2004. With the implementation of this proposal, Hawaii will have a system in place to meet the IDEA Part C requirements of providing a comprehensive developmental evaluation to all children referred due to a concern in their development.
- ⇨ The Summary and Findings for the RFP to expand the fee-for-service providers is being completed. This expansion is intended to reduce the service gaps that have increased over the past several quarters by increasing the number of fee-for-service providers.
- ⇨ Regular monitoring of early intervention allocations and expenditures to identify funding needs and regular meetings with DOH's Administrative Services Office have resulted in better communication and collaboration to serve all children with developmental delays.
- ⇨ A portion of the Medicaid funds based on the Early Intervention Carveout was used to meet the EIS FY 2004 deficit due to the increased costs of early intervention services.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs are working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇨ EIS trainers have worked collaboratively with the DOE Special Education Preschool Coordinator to inform all Part C providers on how to have a successful transition from Part C to Part B.
- ⇨ On-going meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.

Challenges to the early intervention system from April-June 2004 include:

- ⇨ The increase in the identification of children with developmental delays has led to high care coordination ratios. However, with the expansion of POS programs, which includes social work/care coordination staff, the ratios should decrease to ensure that the necessary care coordination activities will be provided.